IO19734

Bayer CropScience

June 20, 2008

Document Processing Desk 6(a)(2)
Office of Pesticide Programs (7504P)
U. S. Environmental Protection Agency
Room S-4900, One Potomac Yard
2777 South Crystal Drive
Arlington, VA 22202-4501

RE: 6(a)(2) Incidents Accumulated for the Month of May 2008

Dear Sir/Madam:

Bayer CropScience
RTP
P O Box 12014
RTP, NC 27709
Tel 919 549-2000

Reportable incidents accumulated for the month of May 2008 for Bayer CropScience and Bayer Environmental Science are attached.

The information with this letter is being submitted concurrently to the EPA pursuant to the Agency's interpretation of requirements imposed on registrants by Section 6(a)(2) of FIFRA. The information may not constitute additional factual information regarding unreasonable adverse effects within the meaning of 6(a)(2). It is being submitted to enable the Agency to make its own assessment of the information.

If you have questions or concerns, please do not hesitate to contact me at any time.

Sincerely,

S. Gerret Van Duyn

Gerret Van Duyn
Compliance Manager
State Regulatory and Documentation Services
919-549-2914

CC: Anne Downs, CA Department of Pesticide Regulation
Sam Jackling, NY Department of Environmental Conservation

/attachment

Personal privacy information

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Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area

Row 1 [redacted]ministrative Data	Reporter Name [redacted]	Submission date.	Contact person (if different than reporter)	Internal ID *316591*
	Address [redacted]		Address	
	Phone #[redacted]		Phone #	
	Incident Status: *New*	Location and date of incident *Hammond, LA* *USA* *Unknown*	Date registrant became aware of incident. *05/07/2008*	Was incident part of larger study? *No*

Row 2 Pesticide(s) Involved	EPA Registration # (Product 1) *72155-80*	EPA Registration # (Product 2)	EPA Registration # (Product 3)
	A.I. (s)	A.I. (s)	A.I. (s)
	Product 1 name ***Home Pest plus Germ Killer Indoor & Outdoor Killer RTU***	Product 2 Name	Product 3 Name
	Exposed to concentrate prior to dilution? *NA*	Exposed to concentrate prior to dilution?	Exposed to concentrate prior to dilution?
	Formulation	Formulation	Formulation

[redacted]ow 3 Incident Circumstances	Evidence label directions were not followed? *No* Intentional misuse? *No*	Incident site: (examples include home, yard, school, industrial, nursery/greenhouse, surface water, commercial turf, building/office, forest/ woods, agricultural (specify crop) right-of-way (rail, utility, highway)). ***Own Residence***	Situation (act of using product): (examples include mixing/loading, reentry, application, transportation, repair/ maintenance of application equipment, manufacturing/ formulating). ***See Incident Description Notes***
	Applicator certified? ***UNK***		
	How exposed: (examples include direct contact with treated surface, ingestion, spill, drift, runoff) ***See Incident Description Notes***		

Brief description of incident circumstances.

Pasko, David May 7 2008 12:27PM
Hx: Caller used product over the weekend in his yard. His wife came home from out of town yesterday and now she has some hives on her skin. Caller wondering if product could be related. She has not gone out into the yard but thinks that by petting the dog that went outside 2hours after the product was applied. She has been taking Benadryl under the advisement of her physician.

A: Sxs are not likely related to speculate exposure. Contact physician if sxs persist or worsen.
* * * * * * * * * * * * * * * * * *
Boosalis, Cassie May 21 2008 10:56AM
Attempted Callback- Left a message on the answering machine requesting a follow up from the caller. Included callback and case number. Case Closed.

<table>
<tr><td>Demographic information:
Age: 39 Year(s) Sex: Female
Occupation (if relevant)
NA</td><td>Exposure route:
Unknown route</td><td>Was adverse effect result of suicide/homicide or attempted suicide/homicide?
No</td><td rowspan="2">Was protective clothing worn (specify)?
None Reported</td></tr>
<tr><td>If female, pregnant?
NO</td><td>Was exposure occupational?
Not indicated
If yes, days lost due to illness:
NA</td><td>Time between exposure and onset of symptoms:
24 hrs or less</td></tr>
<tr><td>Type of medical care sought: (examples include none, clinic, hospital emergency department, private physician, PCC, hospital inpatient).
None</td><td colspan="2" rowspan="3">List signs/symptoms/adverse effects
Dermatological-Hives/Welts</td><td rowspan="3">If lab tests were performed, list test names and results (If available, submit reports)
None Reported</td></tr>
<tr><td>Exposure data: NA
Amount of pesticide: NA
Exposure duration: Acute < 8hrs
Patient weight: Unknown</td></tr>
<tr><td>Human severity category:
HC</td></tr>
<tr><td colspan="4">This box can be used to provide any explanatory or qualifying information surrounding the incident. (add additional pages if necessary)</td></tr>
<tr><td colspan="3"></td><td>Internal ID #
316591</td></tr>
</table>

Personal privacy information

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Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area

Row 1 Administrative Data	Reporter Name [redacted]	Submission date.	Contact person (if different than reporter)	Internal ID ***317804***
	Address [redacted]		Address	
	Phone #[redacted]		Phone #	
	Incident Status: ***New***	Location and date of incident ***Wise, VA*** ***USA*** ***05/10/2008***	Date registrant became aware of incident. ***05/10/2008***	Was incident part of larger study? ***No***
Row 2 Pesticide(s) Involved	EPA Registration # (Product 1) ***72155-80***	EPA Registration # (Product 2)	EPA Registration # (Product 3)	
	A.I. (s)	A.I. (s)	A.I. (s)	
	Product 1 name ***Home Pest plus Germ Killer Indoor & Outdoor Killer RTU***	Product 2 Name	Product 3 Name	
	Exposed to concentrate prior to dilution? ***NA***	Exposed to concentrate prior to dilution?	Exposed to concentrate prior to dilution?	
	Formulation	Formulation	Formulation	
Row 3 Incident Circumstances	Evidence label directions were not followed? ***No*** Intentional misuse? ***No***	Incident site: (examples include home, yard, school, industrial, nursery/greenhouse, surface water, commercial turf, building/office, forest/ woods, agricultural (specify crop) right-of-way (rail, utility, highway)). ***Own Residence***	Situation (act of using product): (examples include mixing/loading, reentry, application, transportation, repair/ maintenance of application equipment, manufacturing/ formulating). ***See Incident Description Notes***	
	Applicator certified? ***UNK***			
	How exposed: (examples include direct contact with treated surface, ingestion, spill, drift, runoff) ***See Incident Description Notes***			

Brief description of incident circumstances.

Dee, Tammy May 10 2008 12:53PM
Hx. Caller states her father got a small amount of the product in both eyes, face and in his mouth, 15 minutes ago. The patient states he was priming the trigger sprayer, the hose popped off and the product was splashed onto him. The patient states his chest began to feel tight shortly after the exposure and he is having difficulty breathing. Caller has irrigated the exposed area/ eyes with H2O for an unknown amount of time.

A. Rec. eval by MD STAT due to symptoms. We would not anticipate chest pain or difficulty breathing from the exposure described.
**Rec. caller CB to obtain further medical advice once father is being evaluated. Gave C#.*
* * * * * * * * * * * * * * * * *
Nystuen, Amy May 11 2008 4:42PM
[redacted] *states the patient was admitted to the hospital for 2 days for an acute crisis with his diabetes.*

He is feeling much better now.

<table>
<tr><td>Demographic information:
Age: 42 Year(s) Sex: Male
Occupation (if relevant)
NA</td><td>Exposure route:
Dermal
Ingestion/oral
Ocular</td><td>Was adverse effect result of suicide/homicide or attempted suicide/homicide?
No</td><td rowspan="2">Was protective clothing worn (specify)?
None Reported</td></tr>
<tr><td>If female, pregnant?
NA</td><td>Was exposure occupational?
Not indicated
If yes, days lost due to illness:
NA</td><td>Time between exposure and onset of symptoms:
30 min or less</td></tr>
<tr><td>Type of medical care sought: (examples include none, clinic, hospital emergency department, private physician, PCC, hospital inpatient).
ER/Hospital-admitted</td><td colspan="2" rowspan="3">List signs/symptoms/adverse effects
Cardiovascular-Chest Pain (inc non-cardiac)
Miscellaneous-Hyperglycemia
Respiratory-Dyspnea/Shortness of Breath</td><td rowspan="3">If lab tests were performed, list test names and results (If available, submit reports)
None Reported</td></tr>
<tr><td>Exposure data: NA
Amount of pesticide: NA
Exposure duration: Acute < 8hrs
Patient weight: Unknown</td></tr>
<tr><td>Human severity category:
HB</td></tr>
<tr><td colspan="4">This box can be used to provide any explanatory or qualifying information surrounding the incident. (add additional pages if necessary)

Internal ID #
317804</td></tr>
</table>

Personal privacy information

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Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area

Row 1 Administrative Data	Reporter Name [redacted]	Submission date.	Contact person (if different than reporter)	Internal ID *324540*
	Address [redacted]		Address	
	Phone # [redacted]		Phone #	
	Incident Status: *New*	Location and date of incident *Decator, TX* *USA* *04/29/2008*	Date registrant became aware of incident. *05/27/2008*	Was incident part of larger study? *No*

Row 2 Pesticide(s) Involved	EPA Registration # (Product 1) *72155-80*	EPA Registration # (Product 2)	EPA Registration # (Product 3)
	A.I. (s) ***Beta-Cyfluthrin, sodium o-phenylphenate***	A.I. (s)	A.I. (s)
	Product 1 name ***Home Pest plus Germ Killer Indoor & Outdoor Killer RTU (24 oz)***	Product 2 Name	Product 3 Name
	Exposed to concentrate prior to dilution? *NA*	Exposed to concentrate prior to dilution?	Exposed to concentrate prior to dilution?
	Formulation ***Liquid***	Formulation	Formulation

Row 3 Incident Circumstances	Evidence label directions were not followed? *No* Intentional misuse? *No*	Incident site: (examples include home, yard, school, industrial, nursery/greenhouse, surface water, commercial turf, building/office, forest/ woods, agricultural (specify crop) right-of-way (rail, utility, highway)). ***Own Residence***	Situation (act of using product): (examples include mixing/loading, reentry, application, transportation, repair/ maintenance of application equipment, manufacturing/ formulating). ***See Incident Description Notes***
	Applicator certified? ***UNK***		
	How exposed: (examples include direct contact with treated surface, ingestion, spill, drift, runoff) ***See Incident Description Notes***		

Brief description of incident circumstances.

Stamatopoulos, Kathi May 27 2008 9:34PM
Hx: Caller used product 3-4 weeks ago. Caller developed lung irritation one week after use. Caller has not consulted an MD. After more investigation, caller admits he coughed at the time of use, but then sought fresh air and felt better within 15 minutes.

A: This product has a wide margin of safety. Sxs duration and lung irritation onset do not fit the toxicological profile of this product.
cb prn
* * * * * * * * * * * * * * * * * *
Nystuen, Amy Jun 3 2008 11:18AM
Called and [redacted] is not there, person states he does have a doctor appointment today, he is not doing well, still having irritation. She took cb # and case # and will give him the message or in case the doctor has questions.
* * * * * * * * * * * * * * * * * *
Nystuen, Amy Jun 4 2008 11:13AM
Called and left message on machine to Cb and gave Cb # and case #.

Demographic information: Age: ***60 Year(s)*** Sex: ***Male*** Occupation (if relevant) ***NA***	Exposure route: ***Unknown route***	Was adverse effect result of suicide/homicide or attempted suicide/homicide? ***No***	Was protective clothing worn (specify)? ***None Reported***
If female, pregnant? ***NA***	Was exposure occupational? ***Not indicated*** If yes, days lost due to illness: ***NA***	Time between exposure and onset of symptoms: ***1 week or less***	
Type of medical care sought: (examples include none, clinic, hospital emergency department, private physician, PCC, hospital inpatient). ***Private MD/DVM-unknown disposition***	List signs/symptoms/adverse effects ***Respiratory-Cough/choke*** ***Respiratory-Respiratory irritation***		If lab tests were performed, list test names and results (If available, submit reports) ***None Reported***
Exposure data: ***NA*** Amount of pesticide: ***NA*** Exposure duration: ***Acute < 8hrs*** Patient weight: ***Unknown***			
Human severity category: ***HC***			

This box can be used to provide any explanatory or qualifying information surrounding the incident. (add additional pages if necessary)

Internal ID #
324540